



## Kansas Center for Assisted Living ADULT CARE HOME OPERATOR COURSE

### ***Program Location and Lodging:***

Kansas Center for Assisted Living will hold its Adult Care Home Operator Course August 4-6, 9-11, 2010 at the Holiday Inn Holidome 605 SW Fairlawn in Topeka.

A block of rooms has been reserved at this location. Call 1-785-272-8040 for reservations. Mention the KHCA/KCAL Operator Course for a great rate of only \$75 per night!!

### ***Fees and Registration:***

Please call 785-267-6003 with questions regarding this class and registration.

For participants who register ***before 5:00 pm on July 25, 2010*** course fees are:

Course & Exam	\$675 per person
KCAL/KHCA Members	\$625 per person

### ***After July 25, 2010***

Course & Exam	\$775 per person
KCAL/KHCA Members	\$725 per person

KHCA/KCAL members may ask to be billed without penalty. The course registration fee includes forty-five clock hours of instruction, program hand-out materials, breaks and Operator's Manual.

Payment is accepted in the form of cash, check, Visa, Mastercard, or purchase order and is required at the time of registration unless you are a KHCA/KCAL member. Mail check to KHCA/KCAL 117 SW 6th Ave., Suite 200, Topeka, KS 66603. Phone: (785) 267-6003, Fax: (785) 267-0833.

### ***Cancellations and Refunds:***

Cancellations must be received by 5:00 pm ***July 25, 2010*** for an 80% refund. No refunds will be made for cancellations after this date.

Substitutes are welcome. Special dispensation will be given with proof of survey in your building during the dates of the course.

A detailed class agenda will be emailed to you prior to the start of the class.

### ***Dress:***

Participants are encouraged to dress comfortably - casual attire is appropriate. However, provided nametag should be worn the entire week. KCAL recommends that participants dress in layers, as room temperatures at meeting facilities vary. Come prepared for walking during the Thursday facilities tour.

***Operators:*** Class begins at 8:00am daily and runs until 5:00pm. Participants must attend all sessions and successfully complete a comprehensive examination to meet the requirements to be an Operator as established by the Kansas Department of Health and Environment, Bureau of Health Facilities Sponsorship number 3135.

### **Continuing Education Credit**

***Administrators:*** This course is approved for forty-five (45.0) continuing education credit hours for adult care home administrators who attend the entire course. Administrators will be granted **thirty (30.0) hours** in the core area of **Administration** and **fifteen (15.0) hours** in the core area of **Resident Care** by the Kansas Department of Health and Environment. KDHE Health Occupations Credentialing approved sponsorship number LTS-A0001.

***Nurses:*** The Kansas Health Care Association is an approved provider of continuing education by the Kansas State Board of Nursing. This course offering is approved for **forty-five (45.0) contact hours** applicable for RN and LPN relicensure. Kansas State Board of Nursing Approved Provider Number: LT0030-0338.

***Social Workers and Others:*** Social workers and others attending the entire course will receive a certificate for **forty-five (45.0) clock hours** of continuing education. Consult your licensing board or certifying agency for approval.

# Kansas Center for Assisted Living (KCAL) Proudly Presents ADULT CARE HOME OPERATOR COURSE

Aug 4- 6 & 9 -11, 2010

Holiday Inn Holidome

605 SW Fairlawn

Topeka, Kansas

The registration fee is:

\_\_\_ \$625 per person (KHCA/kcal Member) \_\_\_ \$675 per person (Non Member)

Additional \$100.00 late fee for registrations received after July 25, 2010.

Payment method:  Check  MasterCard  Visa  Bill Me (KHCA/KCAL Members Only)

**If paying by credit card please indicate the following:**

\_\_\_\_\_  
Name on card (please print)

\_\_\_\_\_  
Signature

Do you need a receipt? \_\_\_\_\_

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Expiration Date

Total amount enclosed or authorized for charge: \$ \_\_\_\_\_

**Make check or money order payable to:**

**Kansas Health Care Association/Kansas Center for Assisted Living**

**117 SW 6<sup>th</sup> Ave, Suite 200**

**Topeka, Kansas 66603**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name on Name Tag (if different): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

(Email address needed for confirmation)

License type: \_\_\_\_\_ License #: \_\_\_\_\_

\*Birth date: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

\* Required to sit for operator exam

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Do you currently work in a nursing home or assisted living? \_\_\_\_\_ If yes, please complete the following:

Facility/Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Attendance for the entire course is required to be eligible to sit for the Operator Exam.**

**Phone 785-267-6003 \*\*\* Fax 785-267-0833**

Cancellations must be received in writing in the office by July 25 for an 80% refund.

Special dispensation will be given with proof of survey.

Proof of survey needs to be faxed to KHCA /KCAL. Date of survey must be same day as class for refund.

**Questions??** Contact KHCA at 785-267-6003.

Visit our websites: [www.khca.org](http://www.khca.org) and [www.mykcal.org](http://www.mykcal.org).